performed 2 or 3 hours after the inoculation did not have any influence on the course of the infection. The regularity and relative slowness that characterized the passage of the bacilli into the body, as was shown by the above mentioned experiments, pointed to the lymph channels as the probable course followed by the anthrax bacilli. The author, therefore, several hours after inoculation of the anthrax germ in the end of an extremity, dissected out the next adjacent lymphatic glands and inoculated them into white mice. Death of the mice took place and in this way it was demonstrated that anthrax could be inoculated from an animal 3 hours after the reception of the disease. The author recommends, on the basis of these observations, an expectant and not operative treatment of anthrax of the skin for the reason that it is not possible to remove all the anthrax germs from the body by dissecting out the place of inoculation. The course of the disease varies greatly in different individuals. Finally N's experiments attempted to determine whether or not by ligating an extremity the peripherally inoculated bacilli can be kept back at the place of inoculation. He inoculated and simultaneously established, above the inoculated point, a ligature upon the limb. The rubber tubing employed, after 3 to 4 hours, was removed and the actual cautery applied to the infected wound. None of the animals thus experimented upon showed any symptoms of the disease. These animals were subsequently inoculated and found to be susceptible to the disease. The circular ligature of the part and cauterization, therefore, thus far have proven to be the most successful means of coping with the disease.—*Deutsch. Med. Wochenschrift*, 1892, No. 53, p 1425.

III. Treatment of Lupus of the Skin. By Dr. W. Kramer. K. advocates excision of lupus of the skin. He used this radical method ten times in the last two years, and in not a single case was recurrence observed, either at the place of operation or in its neighborhood. The patients were suffering from lupus of the face or neck, ranging from the size of a twenty-five cent piece to that of the palm, the outlying portions being raised as well. In all the cases the diseased portion was circumcised, the knife passing one centimetre from its limits and deeply to or into the muscles, bone or cartilage, the lupus, together with the subcutaneous tissue, being completely extirpated, after careful arrest of hemorrhage by compression or ligature. In four cases the wound was sutured; in three instances, where suturing, on account of excessive tension of the wound edges, was but partly practicable, secondary suturing was practiced. Thiersch's method of skin transplanting was employed, and in one case a plastic operation was performed. The course of healing was aseptic and required from one to four weeks. The cosmetic result was very satisfactory. K. recommends the employment of extirpation as early as possible, but he claims that even in cases of advanced disease lupus excision may be followed by relatively good cosmetic results. The methods of transplantation, implantation and plastic method now employed have contributed largely to the success obtained in this class of cases at the present time.—*Centbl. f. Chir.*, 1892, No. 8.

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SURGICAL ANATOMY.

1. **The Ileo-Cœcal Appendix.** By Dr. CLADO (Paris). As a result of his researches the author concludes that the appendix in man is a portion of the atrophied cœcum; it does not possess valves, and the meso-appendix which binds it to the cœcum and the small intestine descend usually to its point; the peritoneal fold is sometimes filled with fat. In the female the meso-appendix has a prolongation which is lost in the broad ligament (appendiculo-ovarian ligament); it encloses the lymphatics, which establish a communication between the appendix and the ovary.

Clado found a ganglion in the angle made by the appendix and the cœcum with the small intestine; it is constant and of the size of a bean. Its hypertrophy has been demonstrated in typhoid fever, tuberculosis and appendicitis. The lymphatics of the appendix are to be found in the appendicular ganglion.

The appendix is on a level with the lesser pelvis, sometimes in the iliac fossa; in one out of ten cases it is folded above on the posterior surface of the cœcum.